

I thank the Senator from Tennessee for his contribution.

Mr. ALEXANDER. I thank the Senator.

Mr. COCHRAN. Mr. President, the retirement of our Senate Chaplain, Lloyd Ogilvie, leaves me with a profound sense of loss. He has been a personal friend to me, as well as a wise counselor and adviser. I know I will miss him greatly. He has served the Senate with great distinction. His daily prayers were works of art and poetry, delivered in his deep rich voice, with conviction and a seriousness of purpose.

He has warmed our hearts with his genuine concern for our spiritual well-being and reached out to touch the souls of staff members and Senate employees, as well, who sought his advice and his message of hope and reassurance. We have all been richly blessed by the presence and the ministry of Lloyd Ogilvie. Our thoughts and sincerest best wishes and our love go with him.

Mr. HOLLINGS. Mr. President, I have been in the Senate more than 36 years and there is no question that Dr. Lloyd John Ogilvie has been the best Senate Chaplain I've ever seen, by far. On this his last day, I join my colleagues in thanking him for the spiritual care he has provided to all of us and our families, and especially for his daily prayers as we tackle the monumental responsibilities before us.

My wife, Peatsy, and I pray for the health of his loving wife Mary Jane. And we are confident that as the Chaplain leaves Washington and returns to California good things await him. For in Psalm 92 it is written that the righteous shall flourish like the palm-tree and that in maturity they shall bring forth fruit and be full of vitality and richness. There is no more worthy son of the Creator to flourish in retirement than Dr. Ogilvie.

Mr. BENNETT. Mr. President, I take this opportunity to pay tribute to Lloyd Ogilvie, our Chaplain. I have told him of the deep affection that I and my wife Joyce have for him and Mary Jane. I wish I could reach as deeply into the writings of Robert Burns as he is able to and come up with exactly the right epigram.

I will point out that he and I share the common experience of living in Scotland as young men. He, there while he was studying for the ministry, and I, there while I was serving as a missionary for my church. In that experience, each of us gained deep respect for the Scottish people and Scottish traditions.

That is why you find me today sporting the tartan of my family, the Wallace tartan. My father served in this body as Wallace Bennett, coming from a long line of Wallaces, including one William Wallace. Whether it was the William Wallace who morphed as Mel Gibson onto the silver screen or not, I am not sure.

Lloyd Ogilvie has made his mark here in a tremendous way, and he de-

serves all of the wonderful things everyone has said about him. I simply quote a hymn that we sing often in our church. I don't think it is unique to our church, but we sing at this time when young men go out in the circumstance I have just described—go off to a foreign land or to a foreign part of the world to preach the gospel. We sing to them:

God be with you till we meet again;
When life's perils thick confound you;
Put His arms unfailing round you;
God be with you till we meet again.

This is what I say to Mary Jane and Lloyd Ogilvie, from all of us. God be with you till we meet again.

Ms. MURKOWSKI. Mr. President, I rise today to speak of the contributions and service to the Nation, the U.S. Senate, to my family and myself made by Dr. Lloyd J. Ogilvie as Chaplain of the U.S. Senate. I joined the U.S. Senate just over three months ago and I am repeatedly impressed and reminded about the history and tradition of this body. The Office of the Chaplain has served the Senate each day with prayer strongly reaffirming this institution's commitment to faith in God and our recognition of God being the ultimate sovereign over this Nation. The daily guidance and reminder of our Maker helps us all keep perspective on our duties and activities as we debate and make decisions of weighty issues confronting our country.

The Chaplain of the Senate has been an integral part of the U.S. Senate since 1789 when the first Senate elected the first Chaplain. The daily prayers of the Chaplains have been published over the years. In times of great turmoil and in times of the mundane the Chaplain reminds us of our obligation to keep the moral compass pointed in the right direction. This body has been brought together in times of conflict with the help of the Chaplain. Dr. Ogilvie has served us well as the sixty-first Chaplain since 1995.

Just last week the U.S. Senate passed a resolution reaffirming that the term "under God" was an essential part of the pledge of allegiance. I am confident that Dr. Ogilvie could have contributed to our insight and debate, but there is no dispute that this body and this Nation remain under the graceful guidance of God. We have been helped to understand this grace by the spiritual guidance of Dr. Ogilvie.

I have known of the Chaplain Ogilvie for longer than my service in the U.S. Senate. My parents, Senator Frank Murkowski and Nancy Murkowski, share a warm and special relationship with Dr. Ogilvie and his wife Mary. Through them I learned about Dr. Ogilvie and his compassion and commitment to his faith. They join me in sending their prayers, best wishes and expressions of warmth to him upon his retirement.

Dr. Ogilvie will be missed by all his flock and all who know him in his role as Chaplain in the U.S. Senate. He has served this institution in the tradition of this body with honor and excellence.

Ms. MIKULSKI. Mr. President. Eight years ago today, Dr. Lloyd Ogilvie became our Senate Chaplain. Today, as he leaves the Senate, I wish to thank Dr. Ogilvie for his spiritual guidance and friendship.

Dr. Ogilvie is a great scholar and preacher. Yet he has been so much more to our Senate family. I am particularly grateful for the hospitality Dr. Ogilvie has shown to all religions. He hosted Jewish seders. He invited Cardinals to the Senate. He made sure that religious leaders of all faiths have led the Senate in prayer.

I also appreciate the creative and energetic way he reached out to the entire Senate family. He has led Bible study groups and prayer meetings for Senators and staff. He has provided individual counseling for anyone who has asked for it.

Since September 11, our Nation and our Senate have faced great stress and uncertainty. On September 11, during the anthrax attacks, and now as our Nation prepares for a possible war, Dr. Ogilvie has helped the Senate family to become stronger through faith and prayer.

I also wish to thank Reverend Ogilvie's wife, Mary Jane, who has been such an important partner to him and such a dear friend to all of us in the Senate. I wish the Ogilvies well as they move to California to begin a new chapter in their lives. They will always be in my thoughts and prayers.

Mr. FRIST. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, and the motion to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 83) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 83

Whereas Dr. Lloyd J. Ogilvie became the 61st Senate Chaplain on March 13, 1995, and has faithfully served the Senate for 8 years as Senate Chaplain;

Whereas Dr. Ogilvie is the author of 49 books, including "Facing the Future without Fear"; and

Whereas Dr. Ogilvie graduated from Lake Forest College, Garrett Theological Seminary of Northwestern University and New College, University of Edinburgh, Scotland, and has served as a Presbyterian minister throughout his professional life, including being the senior pastor at First Presbyterian Church, Hollywood, California: Now, therefore, be it

Resolved, That—

(1) the Senate hereby honors Dr. Lloyd J. Ogilvie for his dedicated service as the Chaplain of the United States Senate; and

(2) the Secretary transmit an enrolled copy of this resolution to Dr. Ogilvie.

SCHEDULE

Mr. FRIST. Mr. President, I will be very brief in our opening script this morning. We will have the opportunity during morning business later this morning for further comments to express our appreciation to Dr. Ogilvie for his 8 years of service to this body.

We will have two votes this morning and then we will have that period of morning business. Following some time for a bill introduction, there will be time available for the Senators to express their gratitude.

The next vote, following the two votes which are about to begin, will begin at 12:30, and will be on invoking cloture on the Estrada nomination. Additional votes will occur this afternoon. I will update Members later this morning.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

PARTIAL-BIRTH ABORTION BAN ACT OF 2003

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of S. 3, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 3) to prohibit the procedure commonly known as partial-birth abortion.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I ask unanimous consent to have printed in the RECORD prior to the vote on S. 3, four letters from specialists in maternal fetal medicine in response to the letter the Senator from California had printed in the RECORD yesterday.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

ROCKFORD HEALTH SYSTEM, DIVISION OF MATERNAL-FETAL MEDICINE,

Rockford, IL, March 12, 2003.

Hon. RICK SANTORUM,
U.S. Senate Office Building,
Washington, DC.

DEAR SENATOR SANTORUM: I am writing to contest the letter submitted to Senator Feinstein by Philip D. Darney, MD supporting the "medical exemption"; to the proposed restriction of the partial birth abortion (or as abortionists call it "intact D&E").

I am a diplomate board certified by the American Board of Obstetrics and Gynecology in general Obstetrics and Gynecology and in the sub-specialty of Maternal-Fetal Medicine. I serve as a Visiting Clinical Professor in Obstetrics and Gynecology, University of Illinois at Chicago, Department of Obstetrics and Gynecology, College of Medicine at Rockford, Rockford, Illinois; as an Adjunct Professor of Obstetrics and Gynecology, at Northwestern University, Chicago College of Osteopathic Medicine, Department of Obstetrics and Gynecology; and as an Adjunct Associate Professor of Obstetrics and Gynecology Uniformed Services University of Health Sciences, F. Edward Herbert School of Medicine, Washington, D.C. I have authored over 50 peer review articles in the obstetrics and gynecologic literature, presented over 100 scientific papers, and have participated in over 40 research projects.

In my over 14 years as a Maternal-Fetal Medicine specialist I have never used or needed the partial birth abortion technique to care for my complicated or life threat-

ening conditions that require the termination of pregnancy. Babies may need to be delivered early and die from prematurity, but there is never a medical need to perform this heinous act.

I have reviewed both cases presented by Dr. Darney, and quite frankly, do not understand why he was performing the abortions he indicates, yet alone the procedure he is using. If the young 25 year old woman has a placenta previa with a clotting disorder, the safest thing to do would be to place her in the hospital, transfuse her to a reasonable hematocrit, adjust her clotting parameters, watch her closely at bed rest, and deliver a live baby. If the patient had a placenta previa, pushing laminaria (sterile sea weed) up into her cervix, and potentially through the previa, is contraindicated. It is no surprise to anyone that the patient went, from stable without bleeding, to heavy bleeding as they forcibly dilated her cervix to 3 centimeters with laminaria. The use of the dangerous procedure of blinding pushing scissors into the baby's skull (as part of the partial birth abortion) with significant bleeding from a previa just appears reckless and totally unnecessary.

Regarding the second case of the 38 year old woman with three cesarean sections with a possible accreta and the risk of massive hemorrhage and hysterectomy due to a placenta previa, it seems puzzling why the physician would recommend doing an abortion with a possible accreta as the indication. Many times, a placenta previa at 22 weeks will move away from the cervix so that there is no placenta previa present and no risk for accreta as the placenta moves away from the old cesarean scar. (virtually 99.5% of time this is the case with early previas). Why the physicians did not simply take the woman to term, do a repeat cesarean section with preparations as noted for a possible hysterectomy, remains a conundrum. Dr. Darney actually increased the woman's risk for bleeding, with a horrible outcome, by tearing through a placenta previa, pulling the baby down, blindly instrumenting the baby's skull, placing the lower uterine segment at risk, and then scraping a metal instrument over an area of placenta accreta. No one I know would do such a foolish procedure in the mistaken belief they would prevent an accreta with a D&E.

Therefore, neither of these cases presented convincing arguments that the partial birth abortion procedure has any legitimate role in the practice of maternal-fetal medicine or obstetrics and gynecology. Rather, they demonstrate how cavalierly abortion practices are used to treat women instead of the second medical practices that result in a live baby and an unharmed mother.

Sincerely,

BYRON C. CALHOUN, MD.

MARCH 13, 2003.

Hon. RICK SANTORUM,
U.S. Senate Office Building,
Washington, DC.

DEAR SENATOR SANTORUM: I have reviewed the letter from Dr. Darney describing two examples of what he believes are high risk pregnancy cases that show the need for an additional "medical exemption" for partial birth abortion (also referred to as intact D&E). I am a specialist in maternal-fetal medicine with 23 years of experience in obstetrics. I teach and do research at the University of Minnesota. I am also co-chair of the Program in Human Rights in Medicine at the University. My opinion in this matter is my own.

In the rare circumstances when continuation of pregnancy is life-threatening to a mother I will end the pregnancy. If the fetus is viable (greater than 23 weeks) I will rec-

ommend a delivery method that will maximize the chance for survival of the infant, explaining all of the maternal implications of such a course. If an emergent life-threatening situation requires emptying the uterus before fetal viability then I will utilize a medically appropriate method of delivery, including intact D&E.

Though they are certainly complicated, the two cases described by Dr. Darney describe situations that were not initially emergent. This is demonstrated by the use of measures such as dilation of the cervix that required a significant period of time. In addition, the attempt to dilate the cervix with placenta previa and placenta accreta is itself risky and can lead to life-threatening hemorrhage. There may be extenuating circumstances in Dr. Darney's patients but most obstetrical physicians would not attempt dilation of the cervix in the presence of these complications. It is my understanding that the proposed partial birth abortion ban already has an exemption for situations that are a threat to the life of the mother. This would certainly allow all measures to be taken if heavy bleeding, infection, or severe preeclampsia required evacuation of the uterus.

The argument for an additional medical exemption is redundant; furthermore, its inclusion in the legislation would make the ban virtually meaningless. Most physicians and citizens recognize that in rare life-threatening situations this gruesome procedure might be necessary. But it is certainly not a procedure that should be used to accomplish abortion in any other situation.

Passage of a ban on partial birth abortion with an exemption only for life-threatening situations is reasonable and just. It is in keeping with long-standing codes of medical ethics and it is also in keeping with the provision of excellent medical care to pregnant women and their unborn children.

Sincerely,

STEVE CALVIN, MD.

REDMOND, WA,
March 12, 2003.

Hon. RICK SANTORUM:
U.S. Senate Office Building,
Washington, DC.

DEAR SENATOR SANTORUM: The purpose of this letter is to counter the letter of Dr. Philip Darney, M.D. to Senator Diane Feinstein and to refute claims of a need for an exemption based on the health of the mother in the bill to restrict "partial birth abortion."

I am board certified in Maternal-Fetal Medicine as well as Obstetrics and Gynecology and have over 20 years of experience, 17 of which have been in maternal-fetal medicine. Those of us in maternal-fetal medicine are asked to provide care for complicated, high-risk pregnancies and often take care of women with medical complications and/or fetal abnormalities.

The procedure under discussion (D&X, or intact dilation and extraction) is similar to a destructive vaginal delivery. Historically such were performed due to the risk of cesarean delivery (also called hysterotomy) prior to the availability of safe anesthetic, antiseptic and antibiotic measures and frequently on a presumably dead baby. Modern medicine has progressed and now provides better medical and surgical options for the obstetrical patient.

The presence of placenta previa (placenta covering the opening of the cervix) in the two cases cited by Dr. Darney placed those mothers at extremely high risk for catastrophic life-threatening hemorrhage with any attempt at vaginal delivery. Bleeding from placenta previa is primarily maternal, not fetal. The physicians are lucky that their interventions in both these cases resulted in living healthy women. I do not